Metropolitan Medical Response System (MMRS)

A <u>system-based</u> approach to WMD incident mass casualty preparedness

LINKING RESPONSE SYSTEMS







Medical & Mental Health Services



Public Health



Emergency Management



Law Enforcement



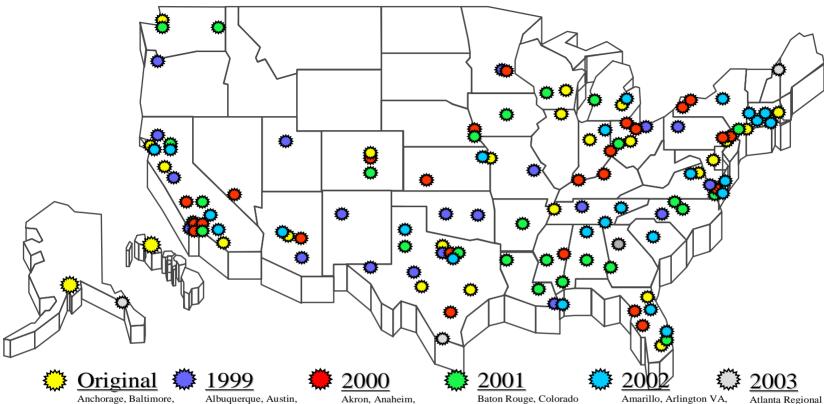
The only Federal Government Program that directly supports local abilities until significant external resources arrive and are operational (typically 48-72 hours).

ALL-HAZARDS

These enhancements also increase the jurisdiction's capabilities to manage mass casualty incidents caused by

- Hazardous materials incidents
- Disease outbreaks
- Natural disasters

Metropolitan Medical Response Systems



Anchorage, Baltimore, Boston, Chicago, Columbus, Dallas, Denver, Detroit, Honolulu, Houston, Indianapolis, Jacksonville, Kansas City (MO), Los Angeles, Memphis, Miami, Milwaukee, New York, Philadelphia, Phoenix, San Antonio, San Diego, San Francisco, San Jose, Seattle, Washington DC (MMST) [Note: Atlanta

was also a MMST]

Albuquerque, Austin, Charlotte, Cleveland, El Paso, Fort Worth, Hampton Roads (Virginia Beach) Area, Long Beach, Nashville, New Orleans, Oakland, Oklahoma City, Pittsburgh, Portland (OR), Sacramento, Salt Lake City, St. Louis, Tucson, Tulsa, Twin Cities (Minneapolis)

Akron, Anaheim,
Arlington TX, Aurora,
Birmingham, Buffalo,
Cincinnati, Corpus
Christi, Fresno, Hampton
Roads (Norfolk) Area,
Jersey City, Las Vegas,
Lexington-Fayette,
Louisville, Mesa,
Newark, Omaha,
Riverside, Rochester,
Santa Ana, St.
Petersburg, Tampa,
Toledo, Twin Cities (St.
Paul), Wichita

Baton Rouge, Colorado Springs, Columbus (GA), Dayton, Des Moines, Garland, Glendale (CA), Grand Rapids, Greensboro, Hialeah, Huntington Beach, Jackson, Lincoln, Little Rock, Lubbock, Madison, Mobile, Montgomery, Raleigh, Richmond (VA), Shreveport, Spokane, Stockton, Tacoma, Yonkers Amarillo, Arlington VA, Bakersfield, Chattanooga, Columbia, Fremont, Ft. Lauderdale, Ft. Wayne, Glendale, Hampton Roads (Newport News, Chesapeake) Area, Hartford, Huntsville, Irving, Jefferson Parish, Kansas City (KS), Knoxville, Modesto, Orlando, Providence, San Bernardino, Springfield, Syracuse, Warren, Worcester

Atlanta Regional
Coalition, Northern
New England
Region (New
Hampshire, Maine,
Vermont),
Southern Rio
Grande Region
(TX), Southeast
Alaska Region

As of March 31, 2004

MMRS Jurisdictions

-Original MMRS	27*
-MMRS 1999	20
-MMRS 2000	25
-MMRS 2001	25
-MMRS 2002	25
-MMRS 2003	<u>3</u>
Total Jurisdictions =	125

*Includes Washington DC MMST

MMRS Key Baseline Response Components

- Ongoing coordination meetings (with Project Officer, Steering Committee, etc.)
- Development planning
- Plans to include the forward movement of patients utilizing the NDMS System
- Plans to respond to a chemical, radiological, nuclear, or explosive WMD event
- Plans for a Metropolitan Medical Strike Team (optional)
- Plans for managing the health

MMRS Key Baseline Response Components (cont.)

- Plans to enhance local hospital and healthcare system preparedness (including procedures for notification, facility protection, triage and treatment)
- Training plans (including initial and refresher requirements)
- Pharmaceutical and equipment plans (including a maintenance plan and a procurement timetable for equipment and pharmaceuticals)
- Monthly progress reporting

MMRS

Medical response
 system to bridge the
 gap between "First
 Responders "and "
 DMAT "deployment

Ability to supplement hospital emergency rooms



Arizona Metropolitan Medical Response System (MMRS) Statewide Response Plan

Operational Plan 2005

MMRS Cities

- □ Phoenix 1997
- **Tucson** 1999
- Mesa 2000
- □ Glendale 2002
- Tempe non-MMRS City participant
- Peoria non-MMRS City participant
- Gilbert non-MMRS City participant

Statewide Response Overview

- DPS would be State agency authorized to activate the MMRS Statewide Response Plan
- Other State agencies would go through DPS or AZ. Statewide Mutual Aid Operational or Regional Dispatch Centers for activation (DHS, ADOT, etc.)
- Phoenix Fire Communications Center would be the central information gathering point for all statewide MMRS resources.

Overview Cont.

- When requested, Phoenix Fire Communications Center would simultaneously activate a standard response compliment (17+ units 64+ personnel) and notify the Incident Support Team (IST).
- The IST would be composed of key decision makers from the MMRS Communities and DPS.

Operational Plan

Detection of Event

Notification of need to AZ-DPS

Notification of need to Phoenix Fire Communications Notification of activation to ADEM

Open Up EOC

Arrange IST Travel

Notify other Communications Centers Dispatch
PFD-based
units

Notify IST Team Members

Standard Response Team: Logistics

- Police assets would be requested as necessary and may include:
 - Phoenix Police Department Bomb and/or SWAT
 - Mesa Police Department Bomb and/or SWAT
 - Tucson Police Department Bomb and/or SWAT
 - Glendale Police Department Bomb and/or SWAT
- The IST team would evaluate the need for police assets.

Standard Response Team: Operations

- IST and MMRS units are there for SUPPORT of the IC and the local operation.
- We will fill any role that is needed
- □ IST
- Decon
- Medical
- HazMat
- TRT etc..

Incident Support Team: Operations

- Following notification, IST-team will meet at State EOC or conference call to discuss:
 - Location of response staging area
 - Needed adjustments to response profile
 - Need / identification of IST liaison at the incident
- Utilize State transportation assets for rapid deployment of IST- liaison(s).

100 Patient Treatment Modules

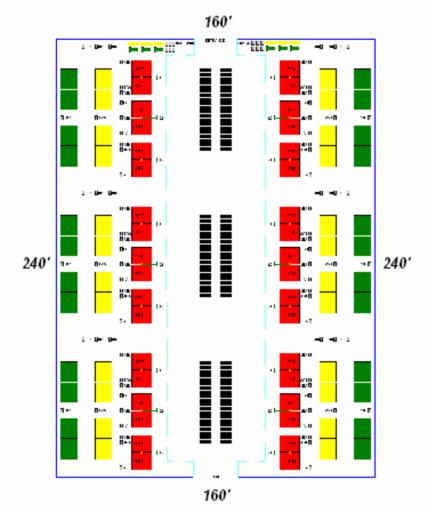
- To facilitate deployment of medical equipment. 100 patient / 2 hour "Treatment Modules" have been developed
- Each module will treat
 - 20 (20%) **Immediate** patients
 - 80 (80%) Delayed or Minor patient
 - 20 **Deceased** patients contained
- Modular system will allow for deployment at one central location, or multiple treatment sectors











MMRS Medical Module Deployment





Questions

